

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10734

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1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Jonesburg		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital			Length of stay in lb		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Waldo Middle Emerson Last Proffitt						4. DATE OF DEATH Month November Day 5 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐		8. DATE OF BIRTH December 26, 1885		9. AGE (In years last birthday) 72	10. FUNDING YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Jonesburg, Missouri.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Proffitt			13b. MOTHER'S MAIDEN NAME Frances Skinner			14. NAME OF HUSBAND OR WIFE Eulah Proffitt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Eulah Proffitt, Jonesburg, Missouri.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myeloid leukemia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of the prostate DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 2041	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m.							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐ AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from October 18, '58 to November 5, '58 Death occurred at 10:15 am and last saw him alive on November 5, 1958 on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <i>Raymond Carver</i> (Degree or title)		22b. ADDRESS 3720 Washington Blvd. St. Louis 8, Missouri	
22c. DATE SIGNED 11/6/58							
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-5-58	23c. NAME OF CEMETERY OR CREMATORY Jonesburg Cemetery		23d. LOCATION (City, town, or county) Jonesburg, Missouri.		
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.		25. DATE RECD. BY LOCAL REG. NOV 8 '58		26. REGISTRAR'S SIGNATURE <i>Earl Smith MD</i>			

(Licensed Embelmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Journal of Management Education 30(6)

Student
Signature of Student Embalmer

Licensed Embalmer No. 4283
P. O. Address St. Louis

If this body is not embalmed, fact should be so stated above.